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PTO/SB/01 (12-97)

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<p>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p>	Attorney Docket Number	PRC-4	
	First Named Inventor	Foster, Thomas H.	
	COMPLETE IF KNOWN		
	Application Number	09/921,066	
	Filing Date	August 2, 2001	
<input type="checkbox"/> Declaration Submitted with Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"MRI-RESISTANT IMPLANTABLE DEVICE"

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **August 2, 2001** as United States Application Number or PCT International

Application Number 09/921,066 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 356(b) of any foreign application(s) for patent or inventor's certificate, or 356(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input data-bbox="943 1353 964 1355" type="checkbox"/> <input data-bbox="943 1358 964 1362" type="checkbox"/> <input data-bbox="943 1364 964 1368" type="checkbox"/> <input data-bbox="943 1370 964 1372" type="checkbox"/> <input data-bbox="943 1374 964 1379" type="checkbox"/> <input data-bbox="943 1381 964 1385" type="checkbox"/>	<input data-bbox="1059 1353 1082 1355" type="checkbox"/> <input data-bbox="1059 1358 1082 1362" type="checkbox"/> <input data-bbox="1059 1364 1082 1368" type="checkbox"/> <input data-bbox="1059 1370 1082 1372" type="checkbox"/> <input data-bbox="1059 1374 1082 1379" type="checkbox"/> <input data-bbox="1059 1381 1082 1385" type="checkbox"/>	

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/198,631	04/20/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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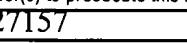
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/839,286	April 20, 2001	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02C attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number **27157** → 
 Registered practitioner(s) name/registration number listed below 

Name	Registration Number	Name	Registration Number
			27157
			PATENT TRADEMARK OFFICE

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number  OR Correspondence address below

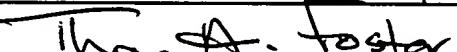
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Address	PATENT TRADEMARK OFFICE				
Address					
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Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any])	Family Name or Surname
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Thomas H.	Foster
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Inventor's Signature ✓		Date ✓ 9/28/01
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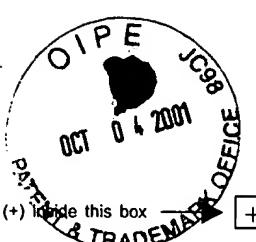
Residence: City	Rochester	State	NY	Country	US	Citizenship	US
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City	Rochester	State	NY	ZIP	14620	Country	US
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Patrick R.		Connelly	
Inventor's Signature	<i>Patrick R. Connolly</i>		<input checked="" type="checkbox"/> Date <u>29 Sep. 01</u>
Residence: City	Rochester	State	NY
Country	US	Citizenship	
Mailing Address 450 Linden Street			
Mailing Address			
City	Rochester	State	NY
ZIP	14620	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
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